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Upcoming Meetings

- March 5, 7:30 a.m.
Investigative Committee
- March 11, 5 p.m.
Administrative Advisory Committee
- April 2-3, 8 a.m.
Board Meeting
- May 7, 7:30 a.m.
Investigative Committee
- May 15, 9 a.m.
EMS Advisory Committee

Lapsed Licenses: Late Renewal Available Until March 31, 2020

The Oregon Medical Board wrapped up medical license renewals for the 2020-2021 biennium on January 1, 2020. Between October and the end of 2019, 19,465 physicians and physician assistants completed their renewal applications to continue practicing medicine in Oregon (see page 4 for more details).

Licensees who missed the December 31 renewal deadline have until March 31, 2020, to submit a late renewal application. A \$195 late fee was assessed to all lapsed licenses on January 1. Any license not renewed by March 31 will remain at lapsed status, and the licensee may not practice. **Practicing medicine with a lapsed license is**

considered the same as practicing medicine without a license, which is a felony offense and grounds for disciplinary action. To ensure Board staff have ample time to review and process late renewals, please submit applications by March 1.

Please note that a renewal notification is not required to renew a license, and paper renewals are not offered. To renew your license - as well as update your home, mailing, and practice addresses if necessary - use our online system, available [here](#). If you run into any issues or have questions, Board staff is available to assist by phone or in person. +

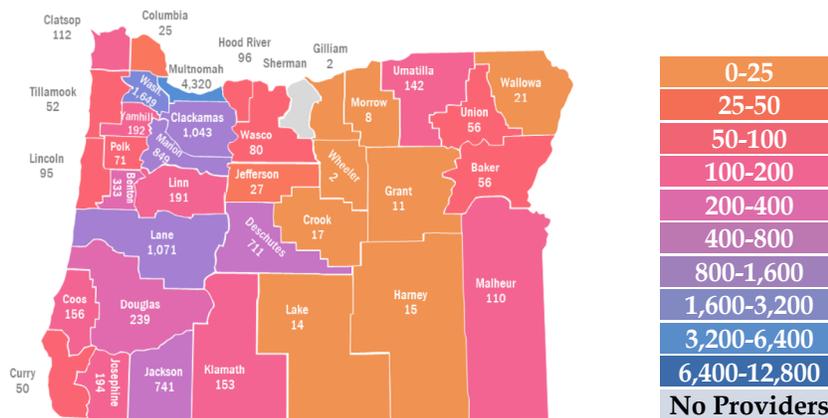
Oregon’s Medical Workforce

The Health Care Workforce Reporting Program was created to provide a snapshot of the state’s medical workforce using data collected by the Oregon Health Authority in collaboration with the Oregon Medical Board. This information is used to better understand Oregon’s population of health

care professionals, as well as inform policy recommendations for the Governor’s office, legislative leadership, and state agencies.

For more information about the program’s methodology and results, visit OHA’s [Office of Health Analytics website](#). +

Estimated Direct Patient Care FTE by County*



*Based on data collected during 2016 and 2017

From the Desk of the Medical Director: Inappropriate Charting Creates Angst

David Farris, MD | Medical Director, Oregon Medical Board

Some months and many person-hours ago, a chart entry stated, "Therefore, this appears to be gross negligence." This was a comment about potential over-medication of a very challenging psychiatric patient.

This raises two issues. First, as we all learned in training, allegations of medical malpractice are fertilized by such comments (watch these pages for a future dissertation on these landmines in general). Rarely – almost never – would such a full-blown opinion be justified by the facts without extensive expert review.

Moreover, the Oregon Medical Practice Act, which governs all our labors, uses "gross negligence" as adequate grounds in and of itself for strict disciplinary action. While the Board will always judge the care on its merits, it is not a term to be taken lightly. In point of fact, the above chart entry led to a formal complaint which led to a formal investigation. The care was eventually judged appropriate, but the labor, fireworks, and angst would have been unnecessary had the charting physician shown appropriate self-restraint.

In short, please leave "gross negligence" to the Board. +

2019 Fundraising at the Oregon Medical Board

Each year, employees at the Oregon Medical Board participate in three fundraising events: the Governor's State Employees Food Drive benefitting the Oregon Food Bank Network, the State Employee Toy Drive benefitting Toys for Tots, and the Charitable Fund Drive, which allows employees to determine which organizations receive their donations.

In 2019, OMB employees were able to provide a grand total of \$8,953.50 to a wide variety of important causes across Oregon.

| Food Drive | Toy Drive | CFD |
|-------------------------------------|---------------------------------------|---|
| Total Raised: \$4,648 | Total Raised: \$900 | Total Raised: \$3,405.50 |
| <i>(Equivalent to 13,945 meals)</i> | <i>(\$787 in cash, \$113 in toys)</i> | <i>(\$1,816.50 from events, \$1,689 in donations)</i> |
| 2018: \$3,212 | 2018: \$777.25 | 2018: \$2,409.25 |
| 2019 Grand Total: \$8,953.50 | | |
| 2018 Grand Total: \$6,398.50 | | |

For more information about charitable fundraising events hosted by state agencies, visit the Oregon Department of Administrative Services' [Charity Drives for State Employees webpage](#). +

Senate Bill 1547: Youth Athlete Concussions

Senate Bill 1547 was signed by Governor Kate Brown on April 13, 2018, expanding the list of health care professionals who can provide medical release to youth athletes who are suspected of having a concussion. The bill also prescribes requirements for health care professionals to be qualified to provide medical release.

Oregon Revised Statutes (ORS) 336.485 and 417.875 will allow properly trained and licensed chiropractors, naturopathic physicians, physical therapists, and occupational therapists to clear an athlete for play after a head injury. Current law allows physicians, nurse practitioners, psychologists, and physician assistants to return a child to play without any prescribed training, however, under SB 1547, all (except physicians) will be required to complete the mandatory training.

Oregon Health & Science University (OHSU) has been charged with establishing and maintaining an online training program in accordance with the direction in section 3 of SB 1547. This

training requirement will become operative on July 1, 2020 and will be valid for a term of four (4) years.

Notwithstanding this operative date, a psychologist, physician assistant, or a nurse practitioner licensed or certified under the laws of this state may provide a medical release for a person to participate in an athletic event or training without a certificate issued prior to July 1, 2021. After July 1, 2021, all psychologists, physician assistants, and nurse practitioners will be required to complete the OHSU online training program for youth athlete concussions. +

Important Dates

- **July 1, 2020:** ORS 336.485 and 417.875 are updated with SB 1547 revisions and effective
- **July 1, 2021:** All Physician Assistants must complete required training

Appropriate Use of the Oregon POLST Form

The Portable Orders for Life-Sustaining Treatment (POLST) Program was initiated in Oregon nearly 30 years ago to ensure patients' preferences for end-of-life care are honored in a variety of settings, including care provided by emergency medical services personnel.¹ The program also supports patients, their families, and health care professionals in their efforts to discuss goals for the purpose of documenting and honoring these treatment preferences.²

POLST is widely used in Oregon; nearly half of all patients with advanced illness have their preferences recorded in the Oregon Registry at the time of their death.³ While the state has done well in fulfilling patients' wishes, the rising rate of POLST order submissions for "CPR/Full Treatment" has sparked concern.

According to national leaders in end-of-life care, including Dr. Susan Tolle, Chair of the Oregon POLST Coalition, overuse of the program in patients who are considered "too healthy" can potentially cause significant harm. This includes:

- Situations in which a patient later loses decision-making capacity and clinically deteriorates to a condition in which they would have desired only a comfort-oriented approach. In this instance, the prematurely-completed POLST may increase the decision-making burden on the patient's family.
- Situations in which an insurance company incorrectly believes a patient has a limited life expectancy and denies life insurance due to the presence of a POLST order in the patient's medical record.

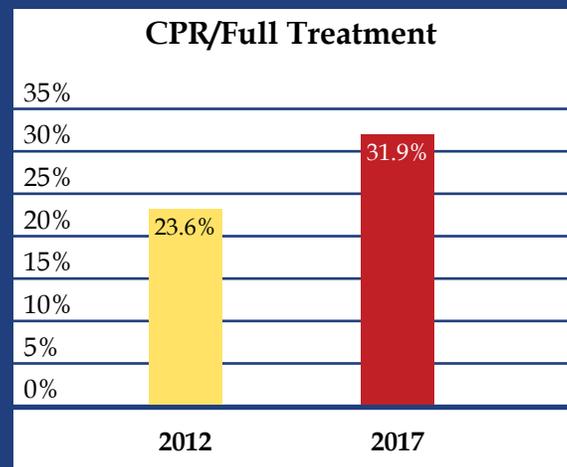
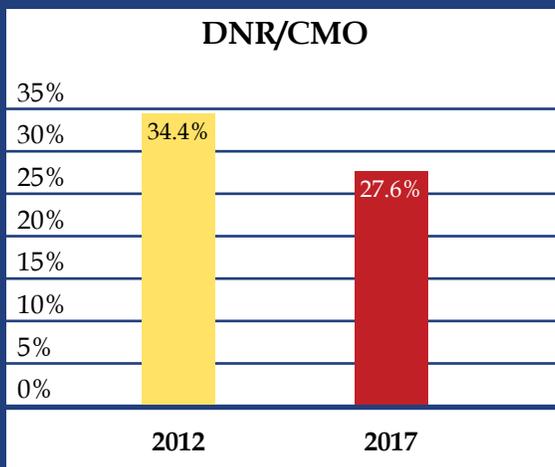
POLST forms should only be offered to patients with advanced illness or frailty who wish to turn their preferences into actionable medical orders.⁴ For example, a 65-year-old patient does not need to complete a POLST form as part of a routine Medicare Wellness Exam. Instead, that patient should fill out an advanced directive, which is appropriate for every adult. Additionally, not every patient in a nursing home or other residential care facility is there due to advanced illness or frailty.⁵ Many otherwise healthy patients require short term skilled nursing care for rehabilitation after injury or illness; while facilities may require a code status order upon admission, these patients should not be required to have a POLST form.

Oregon is recognized across the country as a leader in end-of-life care. Continuing efforts to improve the responsible use of POLST will help promote and innovate care approaches nationwide and ensure that a patient's desired level of medical intervention is provided.

For more information about the use of POLST in Oregon, visit oregonpolst.org. 

1. Oregon POLST Program website: Oregon POLST History
2. An Oregon licensed MD, DO, ND, PA or NP may sign POLST orders
3. Changes Over Time in the Oregon Physician Orders for Life-Sustaining Treatment Registry: A Study of Two Decedent Cohorts
4. POLST Guidebook for Health Care Professionals
5. 2019 Oregon DHS Alerts to: Nursing Facility Providers, Assisted Living, Residential Care Facilities, Memory Care Facilities, APD Adult Foster Home Providers

Rising rates of CPR/Full Treatment orders submitted to Registry 2012 vs. 2017



Schmidt Resuscitation 85 (2014) 480-485
Tolle JAGS January 2019

www.oregonpolst.org

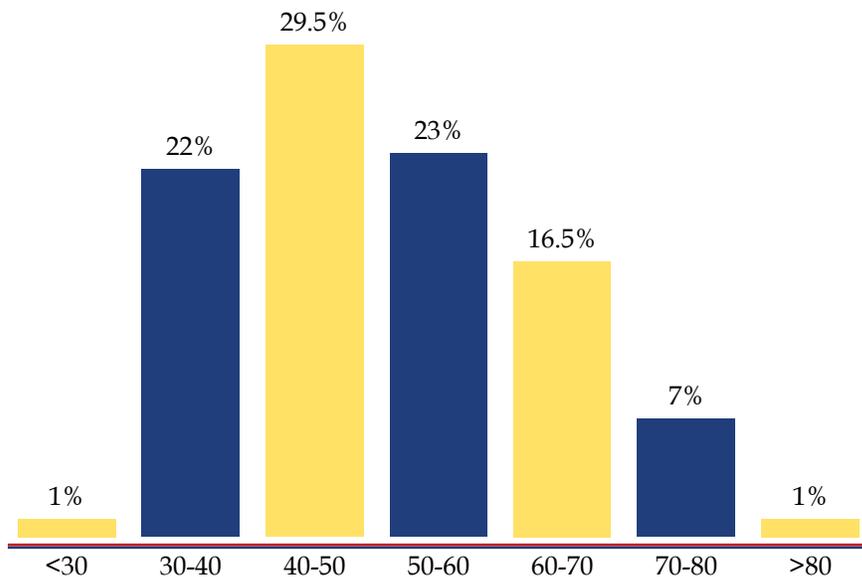
Annual Licensing Statistics

As of December 31, 2019, the OMB had a total of 24,323 licensees. Of that number, 21,712 held active* licenses to practice in Oregon. Another 856 individuals held limited licenses of various kinds.

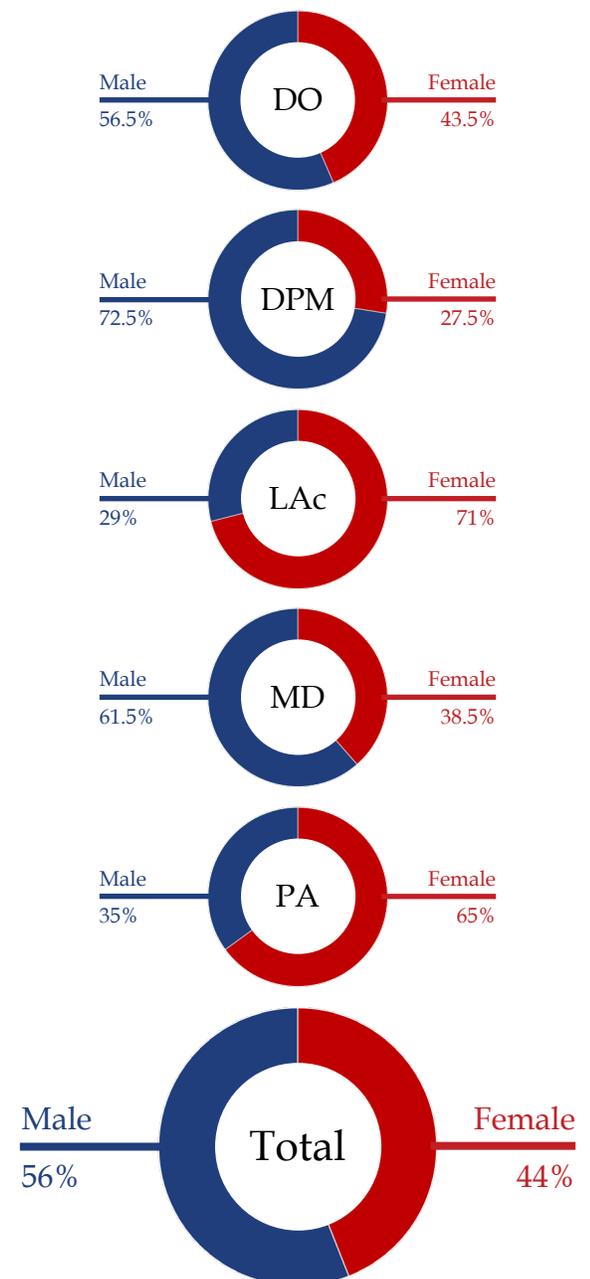
| Status | Doctors of Medicine (MD) | Doctors of Osteopathic Medicine (DO) | Podiatric Physicians (DPM) | Physician Assistants (PA) | Acupuncturists (LAc) |
|---------------------|--------------------------|--------------------------------------|----------------------------|---------------------------|----------------------|
| Active | 15,927 | 1,666 | 212 | 2,331 | 1,576 |
| Inactive | 1,375 | 135 | 14 | 172 | 59 |
| Limited (all types) | 681 | 163 | 12 | 0 | 0 |
| Total | 17,983 | 1,964 | 238 | 2,503 | 1,635 |

*Active licenses include: Active, Emeritus, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring, Teleradiology, Administrative Medicine, and Volunteer Emeritus

Active Licensees by Age

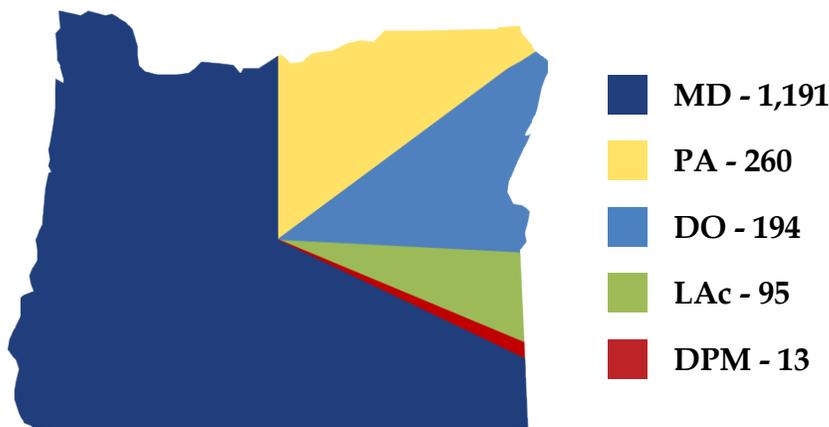


Active Licensees by Gender



New Licensees

The OMB welcomed 1,753 new licensees to Oregon in 2019.



Licensees by County

The data below reflects current practice addresses reported by licensees who have full licenses at practicing status. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Therefore, the data does not represent full-time clinical practitioners in each county.

| County (Seat) | MD | DO | DPM | PA | LAc | Total | Population |
|-------------------------|-------|-----|-----|-----|-----|-------|------------|
| Baker (Baker City) | 73 | 10 | 2 | 13 | 2 | 100 | 16,765 |
| Benton (Corvallis) | 297 | 95 | 4 | 76 | 21 | 493 | 93,590 |
| Clackamas (Oregon City) | 1,162 | 136 | 23 | 165 | 119 | 1,605 | 419,425 |
| Clatsop (Astoria) | 123 | 7 | 4 | 19 | 12 | 165 | 39,200 |
| Columbia (St. Helens) | 26 | 5 | 0 | 16 | 6 | 53 | 51,900 |
| Coos (Coquille) | 154 | 18 | 3 | 24 | 7 | 206 | 63,275 |
| Crook (Prineville) | 23 | 5 | 0 | 10 | 1 | 39 | 22,710 |
| Curry (Gold Beach) | 58 | 6 | 1 | 8 | 4 | 77 | 22,915 |
| Deschutes (Bend) | 645 | 84 | 10 | 180 | 86 | 1,006 | 188,980 |
| Douglas (Roseburg) | 215 | 44 | 7 | 49 | 7 | 322 | 111,735 |
| Gilliam (Condon) | 1 | 0 | 0 | 1 | 0 | 2 | 1,985 |
| Grant (Canyon City) | 12 | 3 | 0 | 0 | 2 | 17 | 7,400 |
| Harney (Burns) | 16 | 5 | 0 | 0 | 0 | 21 | 7,380 |
| Hood River (Hood River) | 116 | 7 | 2 | 20 | 19 | 164 | 25,310 |
| Jackson (Medford) | 677 | 85 | 10 | 131 | 71 | 974 | 219,200 |
| Jefferson (Madras) | 27 | 1 | 0 | 16 | 2 | 46 | 23,560 |
| Josephine (Grants Pass) | 147 | 31 | 6 | 47 | 19 | 250 | 86,935 |
| Klamath (Klamath Falls) | 159 | 14 | 2 | 27 | 6 | 208 | 67,960 |
| Lake (Lakeview) | 11 | 2 | 0 | 2 | 0 | 15 | 8,115 |
| Lane (Eugene) | 990 | 86 | 15 | 204 | 86 | 1,381 | 375,120 |
| Lincoln (Newport) | 88 | 24 | 3 | 29 | 11 | 155 | 48,210 |
| Linn (Albany) | 179 | 48 | 4 | 46 | 8 | 285 | 125,575 |
| Malheur (Vale) | 126 | 24 | 0 | 36 | 0 | 186 | 31,925 |
| Marion (Salem) | 854 | 107 | 15 | 161 | 48 | 1,186 | 344,035 |
| Morrow (Heppner) | 6 | 1 | 0 | 5 | 0 | 12 | 11,885 |
| Multnomah (Portland) | 4,695 | 346 | 48 | 641 | 830 | 6,561 | 813,300 |
| Polk (Dallas) | 70 | 20 | 1 | 27 | 4 | 122 | 82,100 |
| Sherman (Moro) | 2 | 0 | 0 | 2 | 0 | 4 | 1,785 |
| Tillamook (Tillamook) | 57 | 6 | 2 | 12 | 7 | 84 | 26,395 |
| Umatilla (Pendleton) | 230 | 30 | 4 | 30 | 2 | 296 | 80,765 |
| Union (La Grande) | 60 | 12 | 2 | 4 | 5 | 83 | 26,885 |
| Wallowa (Enterprise) | 19 | 1 | 1 | 2 | 7 | 30 | 7,175 |
| Wasco (The Dalles) | 93 | 9 | 2 | 13 | 12 | 129 | 27,200 |
| Washington (Hillsboro) | 1,893 | 136 | 31 | 334 | 172 | 2,566 | 606,280 |
| Wheeler (Fossil) | 2 | 0 | 0 | 1 | 0 | 3 | 1,450 |
| Yamhill (McMinnville) | 197 | 26 | 6 | 33 | 16 | 278 | 107,415 |

Annual Investigative Statistics

OMB Staff is continually preparing for and wrapping up Board and Committee meetings. For example, the Investigative Committee met eight times last year and held two abbreviated meetings. Each quarterly Board meeting requires Board members to read, and staff to compile, over 10,000 pages of material. The following statistical reports are a snapshot of the resulting work.

Complaint Inquiries Received in 2019



1,652 Telephone Calls

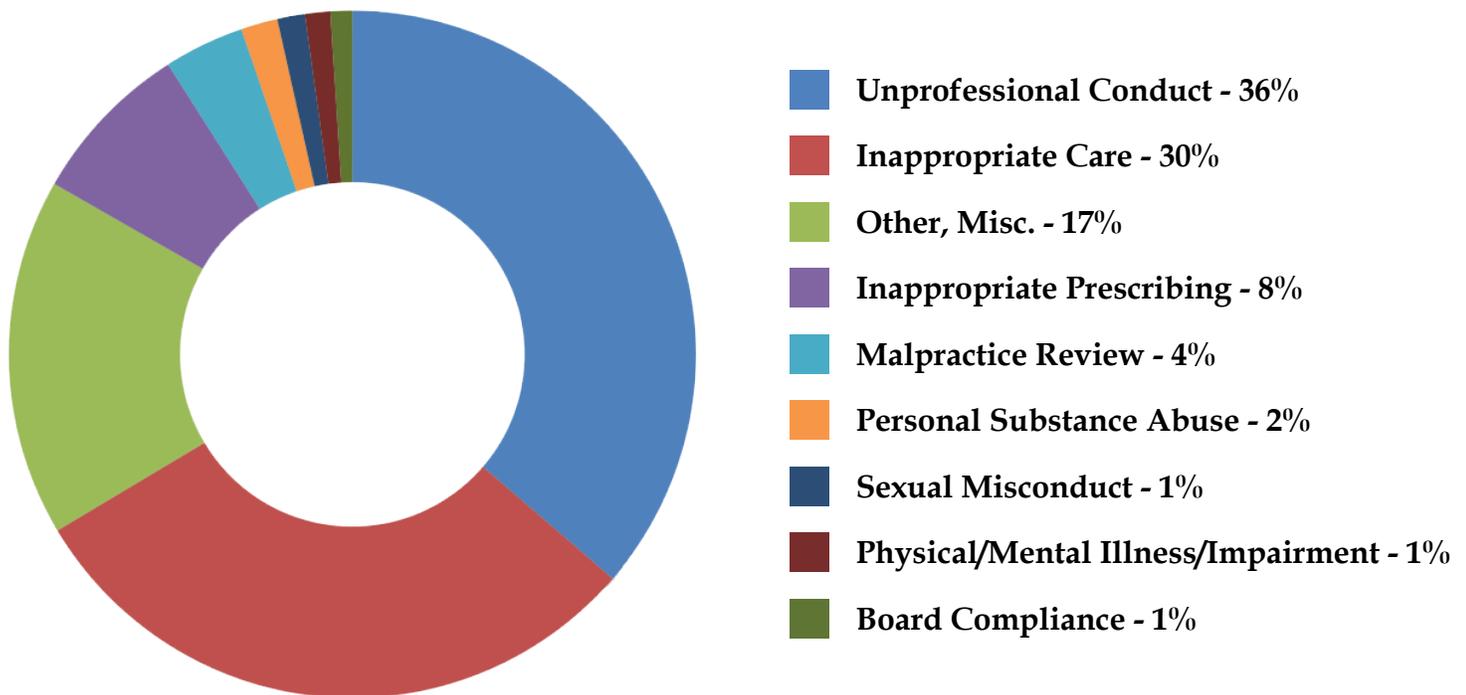


859 Emails



842 Complaints

Categories of Complaints



| Source of Investigations | 2017 | 2018 | 2019 |
|---|------|------|------|
| Oregon Medical Board | 76 | 93 | 106 |
| Board or HPSP Non-Compliance | 7 | 5 | 3 |
| Co-worker/Other Staff | N/A | N/A | 2 |
| Hospital or Other Health Care Institution | 31 | 33 | 25 |
| Insurance Company | 3 | 2 | 0 |
| Malpractice Review | 59 | 23 | 63 |
| HPSP/Monitoring Entity | N/A | N/A | 35 |
| Other | 56 | 83 | 56 |
| Other Boards | 9 | 11 | 3 |
| Other Health Care Providers | 69 | 65 | 70 |
| Patient or Patient Associate | 358 | 449 | 455 |
| Pharmacy | 4 | 3 | 4 |
| Self-Reported | 23 | 22 | 27 |

Final Dispositions of Investigations

Investigation Totals

| | 2017 | 2018 | 2019 |
|--|------|------|------|
| Investigations Opened | 708 | 819 | 842 |
| Investigations Closed | 682 | 732 | 815 |
| Investigations Committee Interviews | 55 | 47 | 50 |
| Investigations Closed with Public Orders | 74 | 65 | 82 |
| Reportable Orders | 65 | 51 | 56 |

Public Orders

| | 2017 | 2018 | 2019 |
|-------------------------|------|------|------|
| Automatic Suspension | 5 | 0 | 1 |
| Corrective Action Order | 8 | 9 | 7 |
| Final Order | 1 | 3 | 4 |
| Stipulated Order | 51 | 39 | 46 |
| Voluntary Limitation | 1 | 1 | 1 |



| Final Dispositions of Investigations | | 2017 | 2018 | 2019 |
|--------------------------------------|---|------|------|------|
| No Violations | No Apparent Violation | 204 | 322 | 348 |
| | Preliminary Investigation | 120 | 116 | 111 |
| | Prior to Committee Appearance | 125 | 84 | 107 |
| | Post Committee Appearance | 4 | 0 | 2 |
| | Letter of Concern/Prior to Committee Appearance | 111 | 106 | 136 |
| | Letter of Concern/Post Committee Appearance | 14 | 12 | 16 |
| | After Staff Inquiry | 0 | 0 | 1 |
| | Executive Staff Review of HPSP N/C | 0 | 0 | 2 |
| | No Violation/App Withdrawal w/ Report to Federation | 15 | 5 | 2 |
| | Temporarily Closed without Board Order | 1 | 1 | 0 |
| Public Orders | Automatic Suspension | 5 | 0 | 1 |
| | Corrective Action | 8 | 9 | 7 |
| | Stipulated Order | 51 | 39 | 46 |
| | Voluntary Limitation | 1 | 0 | 1 |
| | Final Order (includes Default Orders) | 0 | 3 | 4 |
| Total | Investigations Opened | 708 | 819 | 842 |
| | Investigations Closed | 682 | 732 | 815 |
| | Contested Case Hearings | 1 | 0 | 0 |
| | Investigative Committee Interviews | 55 | 47 | 50 |
| | Investigations Closed w/ Public Orders | 74 | 65 | 82 |
| | Reportable Orders (National Databanks) | 65 | 51 | 56 |

Disciplinary Sanctions Imposed by the Board May Include:

- Assessment of Hearing Costs
- Chaperone Requirement
- Denial of License Application, Renewal, or Reactivation
- Educational Program or Coursework
- Fines
- License Limitation(s) (Activities Restricted)
- Probation
- Referral to the Health Professionals' Services Program
- Requirement for a Practice Mentor
- Revocation of License
- Suspension of License

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at omb.oregon.gov/rules.

PROPOSED RULES

First Review. Written comments accepted until 5 p.m. on February 25, 2020, via email to elizabeth.ross@omb.oregon.gov.

OAR 847-010-0120: Adopting Prescription Drug Monitoring Program registration rule.

The proposed rule aligns with the requirement in HB 4143 (2018) for all Board licensees to register for the Prescription Drug Monitoring Program if they have a United States Drug Enforcement Agency (DEA) registration to prescribe in Oregon. The Oregon Health Authority adopted OAR 333-023-0825 last year to implement the requirement in HB 4143 (2018). The Board's proposed rule mirrors the OHA rule and provides clear notification of the requirement for Board licensees to register for PDMP.

OAR 847-070-0045: Amends acupuncture rules for re-entry to practice.

The proposed amendment updates acupuncture rules for re-entry to practice to clarify that a Consent Agreement for Re-Entry to Practice is required when an applicant has ceased practice for a period of 24 or more consecutive months, and an applicant who ceased practice for 12 or more consecutive months may be required to complete certain requirements to establish competency.

OAR 847-070-0005: Amends massage definition to clarify acupuncture scope of practice.

The proposed rule amends the definition of "Oriental Massage" to clarify that the practice of internal pelvic massage (intravaginal or intra-anal or intra-rectal) or genital massage is not within the acupuncture scope of practice.

ADOPTED RULES

OAR 847-001-0032: Outlines requirements and timeframe for requesting modification or termination of a Board Order or Agreement.

The new rule outlines the requirements and timeframe for requesting modification or termination of a Board Order or Agreement.

OAR 847-008-0015, 847-008-0018, 847-008-0055, 847-008-0070: Updates requirements for Military and Public Health license status.

The Military Health System requires health care professionals to have an unrestricted license in at least one jurisdiction. The Department of Defense will no longer recognize military licenses with restrictions as a primary license. An unrestricted license cannot waive or reduce continuing education requirements and must allow the health care provider unabridged permission to practice in the jurisdiction of licensure without having to take any additional action. The rule amendments are expected to meet the Department of Defense's requirements and allow those within the Military Health System to maintain an Oregon medical license as their primary license. The rule amendments remove the requirement that licensees with a Military/Public Health status must reactivate before returning to practice in Oregon. Additionally, the rule amendments remove the continuing education exemption for licensees serving in the military and instead allow military training or experience that is substantially equivalent to satisfy the continuing education requirements.

OAR 847-020-0165, 847-050-0022, 847-070-0024, 847-080-0016: Amendment to provide military spouses and domestic partners temporary authorization to practice medicine in Oregon.

The amendments implement HB 3030 (2019) and SB 688 (2019) to provide the spouse or domestic partner of a member of the U.S. Armed Forces stationed in Oregon a temporary authorization to practice their health care profession. The spouse or domestic partner must hold a current authorization by another state with substantially similar requirements and must have demonstrated competency in the profession. To implement the bills, the amendment allows issuance of a temporary authorization for a license.

Board Actions

October 16, 2019 - January 15, 2020

Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.

INTERIM STIPULATED ORDERS

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.**

BAKER, Rola P., MD; MD16652

Roseburg, OR

On December 3, 2019, Licensee entered into an Interim Stipulated Order to voluntarily cease the initiation of chronic pain treatment with opioids; taper current chronic pain patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; obtain an annual EKG for all patients taking methadone; and comply with the Oregon Administrative Rules regarding treatment with controlled substances for weight reduction and maintenance of a log for dispensed controlled substances pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

PHAM, Nhan V., DO; DO168404

Springfield, OR

On December 19, 2019, Licensee agreed to an Interim Stipulated Order, which requires Licensee to have a pre-approved board-certified general surgeon scrub in for any surgical procedure performed; report any complications to the Board within one business day; and not take trauma call pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

WARDEN, Craig R., MD; MD16181

Portland, OR

On January 8, 2020, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

YOUNG, Michael P., MD; MD25086

Springdale, UT

On November 21, 2019, Licensee entered into an Interim Stipulated Order to voluntarily cease the prescribing or authorizing of durable medical equipment for any patient pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

NON-DISCIPLINARY BOARD ACTIONS

*These actions are not disciplinary and are not reportable to the national data banks.**

CORRECTIVE ACTION AGREEMENTS

These agreements are not disciplinary orders and are not reportable to the national data banks unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

DELABRUERE, Beverly Ann, MD; MD15031

Oregon City, OR

On January 9, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agrees to follow Oregon Opioid Prescribing Guidelines; contract with CPEP for the development of any education plan; complete the CPEP education plan; and complete a pre-approved course on chronic pain and opioids.

MORIN RAYBURN, Rachael C., DO; DO176571

Silverton, OR

On January 9, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course in preeclampsia and high-risk obstetrics, and obtain a pre-approved board-certified mentor prior to resuming an obstetrics practice.

ROBERTS, Warren G., MD; MD153449

Salem, OR

On January 9, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a one-year mentorship program with a pre-approved board-certified physician; submit a re-entry plan to the Board for approval prior to resuming a surgical practice; and complete 40 hours of pre-approved CME.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

*These actions are not disciplinary and are not reportable to the national data banks.**

BASILAN, Denise S.B., MD; MD189073

Salem, OR

On November 1, 2019, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of pre-approved physician mentors for 1,000 hours, to include reports to the Board by the mentors.

BREWSTER, Casey Z., LAC; AC193361
Eugene, OR

On October 30, 2019, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 280-hour mentorship with a Board-approved clinical supervisor and complete 105 hours of NCCAOM approved CEUs.

GAJEWSKI, James L., MD; MD27403
McMinnville, OR

On December 3, 2019, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

GORDON, Janeene M., MD; MD195320
Ashland, OR

On December 2, 2019, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of pre-approved physician mentor for 1,000 hours and maintain board certification.

KHOURY, Erin N., PA; PA01423
Portland, OR

On November 14, 2019, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to 100% chart review by her Supervising Physician for 30 days.

MOORE, Ross E., LAC; AC190895
Portland, OR

On October 21, 2019, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 100-hour mentorship with a Board-approved clinical supervisor and complete 12 hours of NCCAOM approved CEUs.

OLER, Elizabeth C., MD; MD194341
Roseburg, OR

On November 13, 2019, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of pre-approved physician mentors for 1,000 hours and obtain board certification.

STILP, Curt C., PA; PA01431
Salem, OR

On December 10, 2019, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to 100% chart review by his Supervising Physician for 60 days and to maintain NCCPA certification.

SWANN, Allyson P., PA; PA173992
Springfield, OR

On January 9, 2020, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to 100% chart review by her Supervising Physician for 60 days and to maintain NCCPA certification.

DISCIPLINARY ACTIONS

*These actions are reportable to the national data banks.**

HASSAN, Sammy, MD; MD20117
Portland, OR

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; repeated acts of negligence; willful violation of any rule adopted by the Board; and prescribing controlled substances without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; assesses a \$5,000 civil penalty; places Licensee on probation for 5 years; restricts Licensee from prescribing for family, friends, or himself; and requires Licensee to complete a pre-approved course on professional boundaries.

JUNGWIRTH-LARGE, Lance B., MD; MD23110
Jefferson, OR

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willful violation of any rule adopted by the Board; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; assesses a \$7,500 civil penalty; restricts Licensee from supervising physician assistants; requires Licensee to complete a CPEP evaluation, contract with CPEP for the development of any education plan, and complete the CPEP education plan; requires Licensee to undergo an evaluation by a healthcare provider; requires Licensee to only practice at pre-approved sites; and subjects Licensee to no-notice chart audits and office visits by the Board's designee.

KING, Ronald L., PA; PA160674
Portland, OR

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order restricts Licensee from treating any patient with testosterone, and requires Licensee to only practice at preapproved sites.

MARKHAM, Juliet K., MD; MD26356
Pendleton, OR

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated acts of negligence. With this Order, Licensee surrenders her medical license while under investigation.

**MCNABB, Earl D., DPM; DP00344
Keizer, OR**

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for or procuring a license or registration to practice in this state; and willful violation of any rule adopted by the Board or Board order. This Order reprimands Licensee and assesses a \$10,000 civil penalty, \$7,000 of which is held in abeyance as long as Licensee's license remains at a non-practicing status.

**MULLEN, John T., MD; MD20837
Portland, OR**

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willful violation of a Board Order. With this Order, Licensee retires his medical license while under investigation.

**RUSHTON, Michael J., DPM; DP00321
Baker City, OR**

On November 7, 2019, the Board issued an Order Denying Petition for Stay. This Order denies Licensee's petition to stay the Final Order issued on September 5, 2019.

**SAKS, Seldon K., MD; MD15511
Tualatin, OR**

On January 9, 2020, the Board issued a Default Final Order for failure to file any tax return or pay any tax to the Oregon Department of Revenue. This Order suspends Licensee's medical license.

**SCHRADER, Jerry L., MD; MD06736
Salem, OR**

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; impairment; gross or repeated acts of negligence; failing to comply with a Board rule or request; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. With this Order, Licensee retires his medical license while under investigation.

**THIBERT, Mark A., MD; MD169232
Bend, OR**

On January 9, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; requires Licensee to follow the Oregon Opioid Prescribing Guidelines; prohibits Licensee from concurrently prescribing opioids with benzodiazepines, sedatives, or hypnotics to any new patient and taper benzodiazepines, sedatives, or hypnotics for any current patient taking opioids; requires Licensee to query the PDMP every

three months for any patient prescribed controlled substances; requires Licensee to perform urine drug screens every six months for any patient prescribed opioids, benzodiazepines, sedatives, or hypnotics; requires Licensee to complete a pre-approved education plan for the treatment of chronic pain and substance use disorder; and subjects Licensee's practice to no-notice chart audits and office visits by the Board's designee.

PRIOR ORDERS MODIFIED OR TERMINATED

**BUNCKE, Geoffrey H., MD; MD23806
Denver, CO**

On January 9, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's July 12, 2018, Stipulated Order.

**KIMURA, Hidenao, MD; MD19944
Newport, OR**

On December 5, 2019, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's May 16, 2017, Interim Stipulated Order.

**RODRIGUEZ, Alberto, PA; PA01439
Portland, OR**

On January 9, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's October 8, 2015, Stipulated Order.

**RYSENGA, Juliet C., MD; MD18740
Ontario, OR**

On January 9, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's July 7, 2016, Stipulated Order.

**VON DIPPE, Patrick B., MD; MD27158
Coquille, OR**

On January 9, 2020, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's July 11, 2019, Interim Stipulated Order.

**ZHAI, Juan, MD; MD22940
Portland, OR**

On November 7, 2019, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's May 29, 2019, Interim Stipulated Order.



Oregon Medical Board

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OHA Launches HAI Newsletter

The Oregon Health Authority (OHA) recently released the first edition of the Healthcare-Associated Infections (HAI) Program newsletter. This new publication is designed to keep the infection prevention community in Oregon up to date about the program's work and is distributed on a quarterly basis.

The inaugural issue of the newsletter, [available here](#), covers topics such as antibiotic resistance threats, HAI's Lunch and Learn webinar series, and seasonal outbreak support.

To receive the HAI newsletter, as well as ask questions or suggest topics for future issues, contact Roza Tammer, HAI Reporting Epidemiologist, at roza.p.fammer@state.or.us. [+](#)

Office Hours

Monday - Friday, 8 a.m. - 5 p.m.
(closed 12 p.m. - 1 p.m.)

Office Closures

Monday, May 25
Memorial Day

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Administrative Rules

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Board Actions Reports

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EMS Interested Parties

omb.oregon.gov/subscribe-ems

OMB Report (quarterly newsletter)

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Statement of Purpose

The OMB Report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.